

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         | M P      |        | 6-20   |
| O.I.P.E. CLASSIFIER       |          |        |        |
| FORMALITY REVIEW          | A.S      | 943    | 7-24-1 |
| RESPONSE FORMALITY REVIEW |          |        |        |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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830 2/24/01